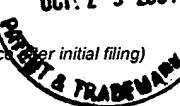


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FORM

OCT 25 2004

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Total Number of Pages in This Submission

Application Number 10/504,826

Filing Date

First Named Inventor

Krister Bruhn et al.

Art Unit

Examiner Name

Attorney Docket Number

040291-000000US

## ENCLOSURES (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                     | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                                | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                                | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                              | <input type="checkbox"/> Terminal Disclaimer                              | <input type="checkbox"/> Return Postcard  |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                   | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application        |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53      |   |   |

Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Townsend and Townsend and Crew LLP

Darin J. Gibby

Reg. No. 38,464

Signature

Date

October 22, 2004

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name Connie Larson

Signature

Date October 22, 2004